

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: Agency(ies) Charge No(s): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC </div> <div style="text-align: right;"> 846-2013-31603 </div> </div>	
TENNESSEE HUMAN RIGHTS COMMISSION and EEOC <small>State or local Agency, if any</small>			
Name (indicate Mr., Ms., Mrs.) Mr. Kenneth K. Wooten		Home Phone (Incl. Area Code) (662) 267-8501	
Date of Birth <div style="background-color: black; width: 100px; height: 1.2em; margin: 0 auto;"></div>			
Street Address City, State and ZIP Code 5913 Belle Point Dr, Southaven, MS 38672			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name BUILDERS TRANSPORTATION COMPANY		No. Employees, Members Phone No. (Include Area Code) 500 or More (901) 396-1220	
Street Address City, State and ZIP Code 3710 Tulane, Memphis, TN 38116			
Name		No. Employees, Members Phone No. (Include Area Code)	
Street Address City, State and ZIP Code			
DISCRIMINATION BASED ON (Check appropriate box(es).) <div style="display: flex; flex-wrap: wrap; padding: 5px;"> <div style="margin-right: 10px;"><input checked="" type="checkbox"/> RACE</div> <div style="margin-right: 10px;"><input type="checkbox"/> COLOR</div> <div style="margin-right: 10px;"><input type="checkbox"/> SEX</div> <div style="margin-right: 10px;"><input type="checkbox"/> RELIGION</div> <div style="margin-right: 10px;"><input type="checkbox"/> NATIONAL ORIGIN</div> <div style="margin-right: 10px;"><input type="checkbox"/> RETALIATION</div> <div style="margin-right: 10px;"><input type="checkbox"/> AGE</div> <div style="margin-right: 10px;"><input type="checkbox"/> DISABILITY</div> <div style="margin-right: 10px;"><input type="checkbox"/> GENETIC INFORMATION</div> <div style="margin-right: 10px;"><input type="checkbox"/> OTHER (Specify)</div> </div>		DATE(S) DISCRIMINATION TOOK PLACE <div style="display: flex; justify-content: space-between;"> <div>Earliest 10-22-2012</div> <div>Latest 01-04-2013</div> </div> <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> CONTINUING ACTION </div>	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): <p>I began working for the above named company as a Truck Driver on October 10, 2010. I was falsely accused of having a preventable accident on October 22, 2012. The situation was an incident not an accident. Also, I was accused of having other preventable accidents that never occurred. When the doctor released me for full duty on January 4, 2013, the company terminated me for a preventable accident. As a result, the company false accusations, they placed me on the DAC Report, and I am being denied employment in my profession of Truck Driver.</p> <p>I believe I was terminated due to my race (Black) in violation of Title VII of the Civil Rights Act of 1964, as amended. A White truck driver who actually had preventable accidents which resulted in the company being out of great sums of money, he received worker's compensation, was given light duty to work in the office, and was not terminated.</p>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures. I declare under penalty of perjury that the above is true and correct.		NOTARY -- When necessary for State and Local Agency Requirements I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	
Date _____ <div style="text-align: center; margin-top: 10px;"> </div>		Charge Party Signature _____	

EEOC Form 161 (11/09)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COM. DIVISION

DISMISSAL AND NOTICE OF RIGHTS

To: **Kenneth K. Wooten**
5913 Belle Point Dr
Southaven, MS 38672

From: **Memphis District Office**
1407 Union Avenue
Suite 901
Memphis, TN 38104



On behalf of person(s) aggrieved whose identity is
CONFIDENTIAL (29 CFR §1601.7(a))

EEOC Charge No.

EEOC Representative

Telephone No.

846-2013-31603

Patricia A. Alexander,
Investigator

(901) 544-0076**THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:**

The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.



Your allegations did not involve a disability as defined by the Americans With Disabilities Act.



The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.



Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge



The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.



The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.



Other (briefly state)

- NOTICE OF SUIT RIGHTS -

(See the additional information attached to this form.)

Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act: This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit **must be filed WITHIN 90 DAYS of your receipt of this notice**; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

Equal Pay Act (EPA): EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

On behalf of the Commission



Katharine W. Kores,
Director

Enclosures(s)

AUG 12 2014

(Date Mailed)

cc:

David M. Rudolph
Atty for Builders Transportation
BOURLAND, HEFLIN, ET. AL.
5400 Poplar Avenue, Suite 100
Memphis, TN 38119



CITY OF MEMPHIS 2015 RETIREE MEDICAL PLAN ENROLLMENT/CHANGE FORM

Retiree Information

Social Security No. 412-924710	City Oracle ID No. 3799	Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Effective Date of Enrollment/Change: 01-01-2015
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Last name: If Applicable Name must match Medicare Health Insurance Card **COPLEY First name: **BARRY** Middle initial: **E.**

~~This section is to be completed only if the retiree has Medicare coverage.~~

~~Medicare Claim Number: _____ Medicare Plan Effective Date: _____~~

~~Medicare Part B Effective Date: _____~~

~~Permanent residence street address (P.O. box is not allowed): _____~~

7791 WIDGEON LAKE CV.

City: **CORNOVA** State: **TN** ZIP code: **38016** County: **SHELBY** Email address: **ICECOP9@GMAIL.COM**

A. REASON FOR ENROLLMENT/CHANGE:

☐ I am enrolling during Annual Enrollment ☐ Qualifying Life Event (QLE)*

*You must submit this form along with required documentation within 60 days of the event date. Please Provide QLE and date of event:

B. BENEFIT ELECTION - MEDICAL PLAN

☒ I Decline City Medical Coverage and Cancel my current medical coverage

☐ Basic ☐ Premier

☐ Retiree only ☐ Retiree + 1 ☐ Retiree + Family

☐ Spouse Only ☐ Spouse + 1 ☐ Spouse + Family

Check here if spouse is entitled to City Subsidy

Medicare Supplement: ☐ Plan F

☐ Retiree only ☐ Retiree + 1 ☐ Retiree + Family

☐ Spouse Only ☐ Spouse + 1 ☐ Spouse + Family

Check here if spouse is entitled to City Subsidy

Medicare Part D: ☐ Rx Plan 1-\$10/20/40/40 (with donut hole coverage)

☐ Retiree only ☐ Retiree + 1 ☐ Retiree + Family

☐ Rx Plan 2-\$10/30/50/70 (with donut hole coverage)

☐ Spouse Only ☐ Spouse + 1 ☐ Spouse + Family

☐ Rx Plan 3-\$10/20/40/40(w/out donut hole coverage)

Check here if spouse is entitled to City Subsidy

☐ Rx Plan 4-\$10/30/50/70(w/out donut hole coverage)

Medicare Advantage:

☐ MA-Mid-Plan with \$10/25/50 rx

☐ Retiree only ☐ Retiree + 1 ☐ Retiree + Family

☐ MA High- Plan with \$5/10/25 rx

☐ Spouse Only ☐ Spouse + 1 ☐ Spouse + Family

Check here if spouse is entitled to City Subsidy

If you are enrolling in a Medicare Advantage Plan each individual to enroll must provide the following:

Name	Gender	Social Security No.	Medicare Claim No.	PER and Medicare ID No.

Retiree Signature: Barry E. Copley

Date: 10-22-2014

Spouse Signature: Dorcas K. Copley

Date: 10-28-2014